

Riverbend Legal

GENERAL CLIENT FORM

Name _____ Maiden Name (if applicable) _____

Address _____ Date _____

Phone _____ Email _____

Preferred Method of Contact Call Text Email Mail

****Please answer the questions below****

How did you learn about us? _____

Have you been represented by legal counsel before? Yes No

If yes, whom? _____

Is there a case open? Yes No

If yes, what is the case number? _____ If yes, who is the opposing party? _____

****Please mark any of the following legal matters for which you are seeking representation:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Divorce, w/children, w/property | <input type="checkbox"/> Adoption of Adult | <input type="checkbox"/> Juvenile Criminal Defense |
| <input type="checkbox"/> Divorce, w/children, w/o property | <input type="checkbox"/> Adoption of Minor (family) | <input type="checkbox"/> Misdemeanor Defense |
| <input type="checkbox"/> Divorce, w/o children, w/property | <input type="checkbox"/> Adoption of Minor (non-fam.) | <input type="checkbox"/> Felony Defense |
| <input type="checkbox"/> Divorce, w/o children, w/o property | <input type="checkbox"/> Paternity (father) | <input type="checkbox"/> Speeding Ticket |
| <input type="checkbox"/> Custody Modification (w/DR case) | <input type="checkbox"/> Paternity (mother) | <input type="checkbox"/> Traffic Citation |
| <input type="checkbox"/> Custody Modification (w/o DR case) | <input type="checkbox"/> Order of Protection Defense | <input type="checkbox"/> Others, please specify |
| <input type="checkbox"/> Guardianship of Minor (family) | <input type="checkbox"/> Eviction | _____ |
| <input type="checkbox"/> Guardianship of Minor (non-fam.) | <input type="checkbox"/> Unlawful Detainer | _____ |
| <input type="checkbox"/> Guardianship of Adult (family) | <input type="checkbox"/> Contract(s) | _____ |
| <input type="checkbox"/> Guardianship of Adult (non-fam.) | <input type="checkbox"/> LLC Formation | |

****Please leave this section blank****

Quote: _____

Flat Hourly

Initial Payment: _____

Payment Method:

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> PayPal |
| <input type="checkbox"/> Credit/Debit | <input type="checkbox"/> CashApp |
| <input type="checkbox"/> Check | <input type="checkbox"/> Venmo |

